

North Florida Child Development, Inc.
PO Box 38—Wewahitchka, FL 32465

Direct Deposit Authorization

Employee: _____

Social Security Number: _____

Bank Name and Branch: _____

Bank Phone Number: _____

Account Type: _____ **Account No.:** _____

ACH R/T Routing No.: _____
(Also called AB Number or Transit Number)

I hereby request the deposit of my entire net payroll check into the above-named bank account each pay period. I authorize North Florida Child Development, Inc. and Bank Trust to withdraw any funds deposited in error into my account.

Employee Signature

Date

Human Resource Manager's Signature

Date

**Please attach a voided check for checking account deposit.
Please attach a copy of deposit slip for savings account deposit.**

Note

If your bank is Tyndall Federal Credit Union, your direct deposit will be placed in your savings account unless you have completed the necessary paperwork with them.